

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G703		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/09/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 5475 STONE AVE PORTAGE, IN 46368			
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W0000	<p>This visit was for the post certification revisit to the extended recertification and state licensure survey conducted on August 24, 2012.</p> <p>Dates of survey: October 5 and 9, 2012</p> <p>Facility number: 003192 Provider number: 15G703 AIM number: 200360510</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 10/16/12 by Tim Shebel, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to have updated Individual Support Plans (ISP) for 4 of 4 clients residing at the group home (clients #1, #2, #3 and #4), available for all staff who worked at the group home.</p> <p>Findings include:</p> <p>Client #1, #2, #3 and #4's records were reviewed at the group home on 10/5/12 at 7:30 A.M. Review of client #1's record indicated a most current ISP dated 5/16/11. Review of client #2's record indicated a most current ISP dated 6/18/10. Review of client #3's record indicated a most current ISP dated 6/20/11. Review of client #4's record indicated a most current ISP dated 5/23/11. No further documentation was available for review to indicate client #1, #2, #3 and #4's current ISPs were available for staff who worked with the clients at the group home.</p> <p>Interview with Direct Service Professional (DSP) #1 was conducted on 10/5/12 at 7:35 A.M.. DSP #1 indicated client #1, #2, #3 and #4's most current</p>		W0248	<p>The Individual Program Coordinator will develop the ISP within 10 days of the IDT. The Service Coordinator will then ensure that all staff are trained on this ISP and that the document is available at the group home within 10 days of its completion. On a monthly basis the Lead Service Coordinator will monitor the completion of training in comparison with the date of each client's annual. This will ensure that staff are trained and that the ISPs and new objectives are in place.</p>		11/08/2012	

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	<p>ISPs were not available for the group home staff.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 10/5/12 at 12:45 P.M.. The record indicated a most current ISP dated 5/10/12.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 10/5/12 at 12:55 P.M.. The record indicated a most current ISP dated 5/7/12.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 10/5/12 at 1:05 P.M.. The record indicated a most current ISP dated 6/4/12.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 10/5/12 at 1:25 P.M.. The record indicated a most current ISP dated 5/11/12.</p> <p>An interview with the Service Coordinator (SC) was conducted on 10/9/12 at 1:45 P.M.. The SC indicated the group home staff should have updated ISPs for clients #1, #2, #3 and #4.</p> <p>This deficiency was cited on 8/24/12.</p>						

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	The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)						

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, the facility failed to assure the repair of adaptive equipment for 1 of 2 sampled clients (client #1).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/5/12 from 6:00 A.M. until 8:00 A.M.. Client #1 was sitting in his wheelchair, which was observed to have the right wheel rim taped with electrician's tape holding the broken wheel rim together.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 10/5/12 at 6:30 A.M.. DSP #1 indicated client #1's personalized wheelchair has been broken for a few months.</p> <p>A review of a facility owned day program incident report dated 8/14/12 was conducted on 10/5/12 at 12:55 P.M.. The incident report indicated: "Screw was loose on [client #1]'s wheelchair causing outer rim to touch the ground. (Several</p>			W0436	Home Health Depot delivered a loaner chair for Anthony Martin to use until his parts come in for his chair to be repaired. To ensure future compliance, Service Coordinator will check wheelchairs twice monthly for three months, for any needed repairs for and monthly thereafter.		11/08/2012

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	<p>screws were loose for over a month before this incident. Plus one of the spokes on the right wheel is broken."</p> <p>An interview with the Service Coordinator (SC) was conducted on 8/22/12 at 6:30 P.M.. The SC indicated client #1's wheelchair was broken and needed repairs. The SC further indicated she was trying to get client #1's wheelchair repaired but she was having problems with the seating company. No further documentation was available for review to indicate when client #1's personalized wheelchair would be repaired.</p> <p>A review of client #1's record was conducted on 10/5/12 at 12:45 P.M.. The record indicated: Medical notation dated 8/15/12: "...Wheelchair is too small and only has one brake. He needs one that tilts back and has brakes and also is for his size. It makes it very difficult to clean his teeth due to his strength, Thank you."</p> <p>This deficiency was cited on 8/24/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>						

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W0448	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on observation, record review and interview, the facility failed to investigate problems with evacuation drills for 4 of 4 clients (clients #1, #2, #3 and #4) who reside at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/5/12 from 6:00 A.M. until 8:00 A.M..</p> <p>Interview with Direct Service Professional (DSP) #1 was conducted on 10/5/12 at 6:15 P.M.. When asked how many DSPs worked during the overnight shift with clients #1, #2, #3 and #4, DSP #1 stated "There is always only one DSP working during the overnight shift."</p> <p>On 10/5/12 at 6:20 A.M., DSPs #1 and #2 lifted client #1 out of his bed and transferred him into his wheelchair using a hooyer lift. At 7:00 A.M., DSPs #1 and #2 lifted client #3 out of his bed and transferred him into his wheelchair using a Hoyer (mechanical) lift.</p> <p>An interview with DSP #1 was conducted on 10/5/12 at 7:20 A.M.. When asked if staff were trained on a hooyer lift plan for</p>		W0448	<p>Community Services Area Manager will re-train staff on completing fire drills. To ensure future compliance, Area Manager will monitor fire drills at least weekly for ninety days and at least monthly thereafter.</p>		11/08/2012	

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	<p>clients #1 and #3, DSP #1 stated "Yes, we are to have two people at all times when using the Hoyer lift."</p> <p>A review of client #1's record was conducted at the facility's administrative office on 10/5/12 at 12:45 P.M.. The record indicated: "Hoyer lift Risk Plan: [Client #1]...Date: 9/12...Desired Outcome-Reason for the plan: To prevent injury when moving [client #1] from one position/location to another...History: [Client #1] has a history of decreased mobility...Baseline: [Client #1] cannot assist in the transition from wheelchair to another location...Intervention: When transferring using Hoyer lift (2 people assist). Make sure that the brakes are locked, maintain client safety at all times, never leave the client unattended."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 10/5/12 at 1:05 P.M.. The record indicated: "Hoyer lift Risk Plan: [Client #3]...Date: 9/12...Desired Outcome-Reason for the plan: To prevent injury when moving [client #3] from one position/location to another...History: [Client #3] has a history of decreased mobility; hemiplegia...Baseline: [Client #3] cannot assist in the transition from wheelchair to another location...Intervention: When transferring</p>						

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	<p>using Hoyer lift (2 people assist). Make sure that the brakes are locked, maintain client safety at all times, never leave the client unattended."</p> <p>A review of the facility's records was conducted on 10/5/12 at 2:20 P.M.. The reports of evacuation drills conducted from July 2011 to September 2012 indicated the following:</p> <p>Emergency drill record dated 8/7/11 at 4:30 A.M.: "[Client #1]...Time Required: 19 minutes 20 seconds...[client #3]...Time Required: 15 minutes 10 seconds...[client #4]...Time Required: 8 minutes 55 seconds."</p> <p>Emergency drill record dated 11/15/11 at 5:47 P.M.: "[Client #1]...Time Required: 5 minutes 40 seconds...[client #3]...Time Required: 5 minutes 38 seconds...[client #4]...Time Required: 6 minutes 2 seconds."</p> <p>Emergency drill record dated 11/30/11 at 6:15 A.M.: "[Client #1]...Time Required: 7 minutes 45 seconds...[client #3]...Time Required: 7 minutes 17 seconds...[client #4]...Time Required: 5 minutes 55 seconds."</p> <p>Emergency drill record dated 3/30/12 at 6:10 A.M.: "[Client #1]...Time Required:</p>						

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	<p>19 minutes 15 seconds...[client #3]...Time Required: 18 minutes 45 seconds...[client #4]...Time Required: 13 minutes 30 seconds."</p> <p>Emergency drill record dated 3/24/12 at 5:55 A.M.: "[Client #1]...Time Required: 24 minutes 15 seconds...[client #3]...Time Required: 15 minutes 45 seconds...[client #4]...Time Required: 19 minutes 45 seconds."</p> <p>Emergency drill record dated 3/24/12 at 5:55 A.M.: "[Client #1]...Time Required: 24 minutes 15 seconds...[client #3]...Time Required: 15 minutes 45 seconds...[client #4]...Time Required: 19 minutes 45 seconds."</p> <p>Emergency drill record dated 9/10/12 at 4:32 A.M.: "[Client #1]...Time Required: 15 minutes 15 seconds...[client #2]...Time Required: 6 minutes 10 seconds...[client #3]...Time Required: 10 minutes 45 seconds...[client #4]...Time Required: 8 minutes 21 seconds."</p> <p>Emergency drill record dated 9/11/12 at 6:37 P.M.: "[Client #1]...Time Required: 6 minutes 5 seconds...[client #2]...Time Required: 5 minutes 58 seconds...[client #3]...Time Required: 5 minutes 57 seconds...[client #4]...Time Required: 3 minutes 17 seconds."</p>						

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	<p>Emergency drill record dated 9/24/12 at 5:12 A.M.: "[Client #1]...Time Required: 17 minutes 20 seconds...[client #2]...Time Required: 7 minutes 24 seconds...[client #3]...Time Required: 11 minutes 40 seconds...[client #4]...Time Required: 9 minutes 37 seconds."</p> <p>None of the reports documented any problems encountered during evacuation drills.</p> <p>The Area Manager (AM) was interviewed on 10/5/12 at 2:50 P.M.. The AM indicated she was aware that some clients who lived at the residence needed complete assistance with evacuating the home. The AM further indicated there is "always" only one staff working the overnight/sleep hours. When asked if the facility investigated the times documented by staff, the AM indicated there had been no formalized investigation of the times taken to evacuate. When asked if the facility analyzed data that documented times encountered during evacuation drills, and conducted investigations of those times, the AM indicated the facility did not currently analyze data associated with evacuation drills nor did they conduct investigations of the problems encountered during evacuation drills.</p>						

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	<p>This deficiency was cited on 8/24/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>						

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W0449	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills and take corrective action.</p> <p>Based on observation, record review and interview, the facility failed to take corrective action to address the drill times for 4 of 4 clients, (client #1, #2, #3 and #4) living at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/5/12 from 6:00 A.M. until 8:00 A.M..</p> <p>Interview with Direct Service Professional (DSP) #1 was conducted on 10/5/12 at 6:15 P.M.. When asked how many DSPs worked during the overnight shift with clients #1, #2, #3 and #4, DSP #1 stated "There is always only one DSP working during the overnight shift."</p> <p>On 10/5/12 at 6:20 A.M., DSPs #1 and #2 lifted client #1 out of his bed and transferred him into his wheelchair using a hoyer lift. At 7:00 A.M., DSPs #1 and #2 lifted client #3 out of his bed and transferred him into his wheelchair using a Hoyer (mechanical) lift.</p> <p>An interview with DSP #1 was conducted on 10/5/12 at 7:20 A.M.. When asked if</p>		W0449	<p>A request for 12.0 staffing has been requested. 11/27/12A second DSP has been working the overnight shift since 11/8/12, between the hours of 10 pm and 6am to assist with using the Hoyer lift and conducting fire drills and other agency shift duties. To ensure future compliance a second DSP will continue to be scheduled the overnight shift. The Area Manager will continue to monitor fire drills weekly for one month and monthly thereafter to look for any deficiencies in evacuation times.</p>		11/08/2012	

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	<p>staff were trained on a hoyer lift plan for clients #1 and #3, DSP #1 stated "Yes, we are to have two people at all times when using the Hoyer lift."</p> <p>A review of client #1's record was conducted at the facility's administrative office on 10/5/12 at 12:45 P.M.. The record indicated: "Hoyer lift Risk Plan: [Client #1]...Date: 9/12...Desired Outcome-Reason for the plan: To prevent injury when moving [client #1] from one position/location to another...History: [Client #1] has a history of decreased mobility...Baseline: [Client #1] cannot assist in the transition from wheelchair to another location...Intervention: When transferring using Hoyer lift (2 people assist). Make sure that the brakes are locked, maintain client safety at all times, never leave the client unattended."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 10/5/12 at 1:05 P.M.. The record indicated: "Hoyer lift Risk Plan: [Client #3]...Date: 9/12...Desired Outcome-Reason for the plan: To prevent injury when moving [client #3] from one position/location to another...History: [Client #3] has a history of decreased mobility; hemiplegia...Baseline: [Client #3] cannot assist in the transition from wheelchair to another</p>						

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NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 5475 STONE AVE PORTAGE, IN 46368			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>location...Intervention: When transferring using Hoyer lift (2 people assist). Make sure that the brakes are locked, maintain client safety at all times, never leave the client unattended."</p> <p>A review of the facility's records was conducted on 10/5/12 at 2:20 P.M.. The reports of evacuation drills conducted from July 2011 to September 2012 indicated the following:</p> <p>Emergency drill record dated 8/7/11 at 4:30 A.M.: "[Client #1]...Time Required: 19 minutes 20 seconds...[client #2]...Time Required: 15 minutes 10 seconds...[client #3]...Time Required: 8 minutes 55 seconds."</p> <p>Emergency drill record dated 11/15/11 at 5:47 P.M.: "[Client #1]...Time Required: 5 minutes 40 seconds...[client #2]...Time Required: 5 minutes 38 seconds...[client #3]...Time Required: 6 minutes 2 seconds."</p> <p>Emergency drill record dated 11/30/11 at 6:15 A.M.: "[Client #1]...Time Required: 7 minutes 45 seconds...[client #2]...Time Required: 7 minutes 17 seconds...[client #3]...Time Required: 5 minutes 55 seconds."</p> <p>Emergency drill record dated 3/30/12 at</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G703		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/09/2012	
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	<p>6:10 A.M.: "[Client #1]...Time Required: 19 minutes 15 seconds...[client #2]...Time Required: 18 minutes 45 seconds...[client #3]...Time Required: 13 minutes 30 seconds."</p> <p>Emergency drill record dated 3/24/12 at 5:55 A.M.: "[Client #1]...Time Required: 24 minutes 15 seconds...[client #2]...Time Required: 15 minutes 45 seconds...[client #3]...Time Required: 19 minutes 45 seconds."</p> <p>Emergency drill record dated 9/10/12 at 4:32 A.M.: "[Client #1]...Time Required: 15 minutes 15 seconds...[client #2]...Time Required: 6 minutes 10 seconds...[client #3]...Time Required: 10 minutes 45 seconds...[client #4]...Time Required: 8 minutes 21 seconds."</p> <p>Emergency drill record dated 9/11/12 at 6:37 P.M.: "[Client #1]...Time Required: 6 minutes 5 seconds...[client #2]...Time Required: 5 minutes 58 seconds...[client #3]...Time Required: 5 minutes 57 seconds...[client #4]...Time Required: 3 minutes 17 seconds."</p> <p>Emergency drill record dated 9/24/12 at 5:12 A.M.: "[Client #1]...Time Required: 17 minutes 20 seconds...[client #2]...Time Required: 7 minutes 24 seconds...[client #3]...Time Required: 11 minutes 40</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2012
FORM APPROVED
OMB NO. 0938-0391

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	<p>seconds...[client #4]...Time Required: 9 minutes 37 seconds."</p> <p>The Area Manager (AM) was interviewed on 10/5/12 at 2:50 P.M.. The AM indicated she was aware that some clients who lived at the residence needed complete assistance with evacuating the home. The AM further indicated there is "always" only one staff working the overnight/sleep hours. When asked if the facility had identified what corrective action could be taken to address the time concerns, the AM indicated no corrective actions were identified or implemented.</p> <p>This deficiency was cited on 8/24/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>						